

## Police Officer's and Firefighter's Survivor Tuition Program

# RENEWAL APPLICATION FOR TUITION WAIVER

**2002-2003 School Year**

Michigan Department of State Police

*Before you complete this application, read the program requirements and instructions carefully. Follow the instructions for each section as you complete the form. Type or print all information.*

### Section A: Student Information

	Last	First	Initial
1. What is your name?			
	Street Address		
2. What is your permanent mailing address?			
	City	State	Zip
	Social Security #		
3. What is your social security number?			
	Phone Number		
4. What is your permanent home phone number?	(      )		
5. Have you been a legal resident of Michigan for the past 12 consecutive months?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

### Section B: Student Status

6. Were you born <b>before</b> January 1, 1979?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Are you a veteran of the U.S. Armed Forces?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Are you married?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Are you an orphan or a ward of the court, or <b>were</b> you a ward of the court until age 18?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Do you have legal dependents? (See instructions)	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Section C: Education Information**

11. Which school(s) do you plan to attend this academic year?

College/University	Address (City and State)

12. Which degree/certificate program have you selected?

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13. Have you received a bachelor's degree?

☐ Yes ☐ No

**Section D: Household Information**

If you answered "no" to all of the questions in Section B, complete questions 14-18 with the required information about the parent who provides for your support; otherwise skip questions 14-18 and continue with question 19.

	Last	First	Initial
14. Who is your parent?			

	Street Address
15. What is your parent's permanent address?	

City	State	Zip

**Note: Follow the instructions carefully for questions 19 and 20. Be sure to complete the Household Worksheet and attach an explanation of any change in your marital status.**

	Social Security #
16. What is your parent's social security number?	

	Phone Number
17. What is your parent's permanent home phone number?	(      )

18. Has your parent been a legal resident of Michigan for the past 12 consecutive months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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19. How many people were members of your household in 2001?	
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20. How much income did you receive from death benefits during 2001?	
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**Section F: Releases**

I certify that all of the information provided by me or any other person identified on this form is true and complete. I understand that this application is being filed jointly by all signatories. If asked by an authorized official, I agree to give proof of the information that I have given on this form including verification of income reported to the U.S. Internal Revenue Service. I also realize that if I do not provide proof when asked, or misrepresent information on this form, the student shall be denied benefits. I understand that benefits received under this program may be reportable to the U.S. Internal Revenue Service.

I hereby authorize any individual, agency or organization to furnish the Michigan State Police, its representatives and/or agents any and all information pertaining to my college attendance records, grades, progress reports, and financial aid information.

I hereby authorize any individual, agency or organization to release such information upon request. This authorization is executed with the full knowledge and understanding that the information is for official use by the Michigan State Police pursuant to the authority granted under P.A. 195 of 1996.

Further, I hereby authorize the Michigan State Police to release any and all records collected pursuant to this authorization to any individual, agency or organization for the legitimate purposes of fulfilling the statutory and administrative objectives of P.A. 195 of 1996.

I hereby release any individual, agency or organization, including its officers, employees and related personnel, both individually and collectively, from any and all damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization of release of information, or any attempt to comply with it. This authorization shall continue in effect until revoked by me in writing. A photostatic copy of this authorization shall have the same force as the original.

Everyone whose information is given on this form **must** sign below.

Student	Date
Student's Spouse	Date
Father/Stepfather	Date
Mother/Stepmother	Date
Legal Guardian	Date

### Section G: Attachments

**Household Worksheet.** Be sure to complete both sections of the Household Worksheet and return it with your application.

Copies of the following documents are required as supporting documentation for this Application for Tuition Waiver. These documents must remain a permanent part of the application, so please **do not send originals**. Your application will not be processed without the required documents.

**Income Tax Return.** If you answered "no" to **all** the questions in Section B, include **signed** copies of **both your own and your parent's or guardian's** 2001 Federal Income Tax Returns (1040, 1040A, or 1040EZ). If you answered "yes" to **any** of the questions in Section B, include a **signed** copy of **your** 2001 Federal Income Tax Return (1040, 1040A, or 1040EZ). If your filing status, or that of your parent or guardian, is "married, filing separately", provide **signed** copies of both federal tax returns. **Do not include attachments or schedules.**

### Section H: Submission

Carefully review your application before submission. Be sure that all information has been provided, the form has been signed, and the appropriate enclosures have been attached. Keep a copy of this application for your files and submit the original application to:

Survivor Tuition Waiver Program  
Michigan Commission on Law Enforcement Standards  
Michigan Department of State Police  
7426 North Canal Road  
Lansing, MI 48913

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## HOUSEHOLD WORKSHEET

**Household Members.** List household members by name and relationship to the student. List everyone included in the number entered in question 19.

	First Name	Last Name	Relationship to Student
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

**Death Benefits.** Identify all income from death benefits received during 2001 as a result of the police officer's or firefighter's death. Include benefits such as life insurance or scholarships, and any interest earnings on these benefits.

Description of Death Benefit	Amount Received in 2001
	\$
Total Death Benefits Received in 2001	\$